



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
BUMEDINST 3502.1  
MED-917  
21 Mar 2000

BUMEDINST 3502.1

From: Chief, Bureau of Medicine and Surgery  
To: All Internal BUMED Codes

Subj: BUREAU OF MEDICINE AND SURGERY TRAINING AND DEVELOPMENT

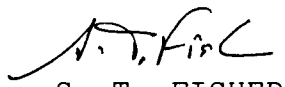
Ref: (a) 5 CFR Part 410  
(b) Joint Travel Regulations - Joint Federal Travel  
Regulations (JFTR) and Joint Travel Regulations (JTR)

1. Purpose. The Bureau of Medicine and Surgery's (BUMED) policy is that training be provided to ensure maximum performance of employees and to increase organizational productivity. Training programs must be systematically planned, identified, programmed, and budgeted to meet current and anticipated development needs. BUMED's training and development plan must be consistent with Department of Defense (DoD), Department of the Navy (DON), and Office of Personnel Management (OPM) policies, along with references (a) and (b).

2. Cancellation. NAVMEDCOMINST 12410.1

3. Discussion. Staff training and development are essential in maintaining a competent and effective work force capable of carrying out the BUMED mission. Professional and personal growth are ongoing processes which help staff members perform their duties more effectively and gain a feeling of personal satisfaction. It is the intent of the training office to establish procedures towards providing training opportunities to experience personal and professional growth for all staff members.

4. Forms. DD 1556 (3-87), Request, Authorization, Agreement, Certification of Training and Reimbursement is available on Microsoft Outlook under forms. SF 1164, Claim for Reimbursement for Expenditures on Official Business, is available on your PC from the desktop, from Traveler (2) icon. BUMED 3502/1 (Rev. 03-00), Vendor Selection Worksheet is available from MED-917.

  
S. T. FISHER  
Deputy

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1. Responsibilities. Responsibilities for employee training and development are as follows:

a. Training Officer (MED-917)

(1) Analyzes the training requirements of BUMED which includes conducting an Annual Training Survey.

(2) Establishes a method of providing staff with a competency based training record. Competency is defined in this instruction as the skills, knowledge, behavior, belief, trait, and motive which underlies, and drives superior performance in a defined job description.

(3) Assists with scheduling BUMED personnel at interagency training and training at non-government facilities.

(4) Provides guidance and assistance on training and development matters to military and civilian personnel.

(5) Tracks training requests, attendance, and completion. Courses not recognized by the Standard Personnel Management System (SPMS) codes require a copy of course completion record for documentation.

(6) Announces in-house courses and courses sponsored by the Human Resource Service Center (HRSC)-Capital Region and other Government agency courses that are relevant to the training plan of BUMED.

(7) Conducts quarterly training meetings with the Chief of Staff and the appointed training representatives.

(8) Processes Request, Authorization, Agreement, Certification of Training and Reimbursement (DD 1556).

b. Managers and Supervisors

(1) Each code will appoint one or more training representatives to maintain employee training records and issue training information. This representative will attend quarterly training meetings.

(2) Define training requirements for the positions over which they are cognizant.

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(3) Provide input to MED-917 on training plan during mid-year review and annually.

(4) Ensure DD 1556s are forwarded to MED-917 at least 4 weeks before scheduled training.

(5) Notify MED-917 if an emergency arises and attendance of an employee at training is not possible, and designate an alternate trainee, if necessary.

(6) Provide on the job training.

(7) Conduct first-level counseling of employees in career development.

c. Employees

(1) Must attend and successfully complete all mandatory training and all other training that has been requested, approved, and scheduled.

(2) Notify the supervisor if an emergency arises and attendance at training is not possible.

(3) Notify the training officer 1 week before training, if confirmation or DD 1556 (copy #8 or 9) is not received.

(4) Provide evaluation of training resources by completing DD 1556, front and back of copy #9.

(5) Participate in the Annual Training Assessment.

d. Employee Development Department, HRSC-Capital Region

(1) Provides training staff resources to provide timely, responsive, and professional assistance to management.

(2) Ensures compliance with required training actions prescribed by references (a) and (b) and other governing laws and directives.

(3) Provides professional assistance and counseling to employees and management officials.

(4) Records completed training for civilian employees' into official training records.

2. Annual Training Plan (ATP)

a. An ATP will be published by MED-917 based on an Annual Training Needs Survey and mandatory training. This will be established and published at the beginning of each fiscal year.

b. Definition. A plan, which includes all authorized activity wide training and associated costs for the fiscal year.

c. Systematic Needs Assessment Process. Employees and supervisors will determine training needs by considering individual and command requirements. Focus should be on identified needs with respect to command mission; systems acquisition; technology changes; increased program management responsibilities; equipment purchase and repair requirements; and career programs.

3. Procedures for Submitting a DD 1556

a. Employees and supervisors are responsible for the timely submission of DD 1556s and all supporting documentation. Reference (a), appendix H, requires a DD 1556 be typed and signed by the supervisor; BUMED requires it also be initialed by the executive assistant unless signed by the deputy, and forwarded to MED-917. MED-917 will acquire the signatures of the fiscal officer, and the authorizing official (Director for Headquarters Administration), "before" attendance at training, regardless of training costs or location.

b. MED-917 is responsible for registration of all personnel. Failure to comply may result in a personal liability to the attendee.

c. To ensure timely registration for training, BUMED personnel should forward the DD 1556 to MED-917 at least 4 weeks before the beginning of training. See appendix A for instructions for completion of the DD 1556.

d. The SF 1164 (Claim for Reimbursement for Expenditures on Official Business) is not to be used in lieu of the DD 1556. Claims made on a SF 1164 for training fees must be supported by an approved DD 1556.

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e. The trainee must complete blocks A and C at the top of the DD 1556 and blocks 1 through 25, 29 through 34, and 37.

#### 4. Provisions and Requirements

##### a. Financial Assistance and Time Allowed

###### (1) General Information

(a) Payment of expenses for training or attendance at meetings/conferences may include: salary, tuition, registration fee, travel, per diem, parking fee, and approved related costs.

(b) Training funds can be used to support attendance only when professional meetings and conferences are the primary source of the enhancement of job-related knowledge and skills.

(c) Employees attending training are prohibited from receiving overtime pay for the period of training, unless covered by one of the exceptions in reference (a).

(d) When training is conducted within the commuting area, the cost for the mileage between the training location and BUMED or the training location and home which ever is less may be reimbursed for training attended during duty hours. Reimbursement is based on the availability of funds as certified by MED-09 and the executive assistants. Metro Cards are available from MED-91 for employees who desire to use this option if the training site is near a Metro facility. Employees shall be allowed a reasonable amount of time to travel to and from classes and meetings.

###### (2) Training Through NonGovernment Facilities

(a) When Government training facilities are not available, (i.e., space capability, physical locations, more costly) nonGovernment facilities may be used. Selection of the nonGovernment facilities must follow references (a) and (b).

(b) Merit procedures will be followed when considering and selecting employees for training in a non-Government facility where promotion opportunities are involved.

(c) Normally, civil service employees (including temporary, intermittent, etc.) with less than 1 year of continuous service, will not be selected for training in non-Government facilities, unless the training is in the best interest of BUMED, and the newly acquired skills will be used after training. If training of an employee is necessary for mission accomplishment, a request for waiver, in duplicate, must be sent through the approval chain to MED-09. If approval is granted, a DD 1556 will be issued with a copy of the approval attached.

(d) The amount of training in nonGovernment facilities may not exceed 1 year (2087 hours) for every 10 years of Government service. MED-09 may waive this limitation, not to exceed 2 years. Requests for waivers must be made following reference (a).

(e) The purchase of required textbooks, materials, and supplies, specific to the training incident, may be paid by BUMED. However, books purchased by the command are Government property, and employees may be required to send them to MED-09 at the conclusion of the course.

(f) Before BUMED civilian employees can be assigned to training in nonGovernment facilities outside the United States, the Director of OPM must grant approval. In addition, a foreign training facility must not be used until the facility has been specifically designated as eligible to provide training for employees of DoD by the Assistant Secretary of Defense (Manpower, Installations, and Logistics).

(g) Supervisors may be flexible in adjusting work hours for employees who need courses, which are only offered during the day. However, any deviation from the normal work schedule must be requested in writing. These requests will be handled on a case by case basis and, at a minimum, will require the endorsement of the supervisor and the approval of the respective deputy.

b. Failure to Complete Course or Unsatisfactory Grade

(1) Employees who fail to receive a satisfactory grade, or fail to complete courses financed by BUMED, will be required



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to reimburse the Government for the cost of the training. Satisfactory grades (normally a "C") will be defined following the standards of the institution attended. A copy of grade report must be forwarded to MED-917 within 5 workdays of receipt of a grade report.

(2) In some cases, situations beyond the employee's control may justify withdrawal or an unsatisfactory grade. Employees may request a waiver from payment. Requests for waivers must be made in writing, providing complete justification, via the supervisory chain to MED-09 for approval or disapproval. The decision document will be forwarded to the HRSC-Capital Region Employee Development Department, for notification of the employee.

(3) Although employees may be disciplined for failure to complete a training assignment, supervisors must contact the HRSC-Capital Region Employee Development Department and Employee Labor Management Relations Department, to obtain procedural and regulatory guidance before taking any action.

c. Acceptance of Contributions, Awards, and Payments

Employees may be authorized to accept contributions, awards, or payment, in cash or in kind for training in nonGovernment facilities. To ensure all offers of contributions, awards, or payments falling within the scope of this instruction are reviewed, processed, and approved, before their actual acceptance, civilian employees will advise their supervisors of any such offers received directly from a Government (Federal, State, county, or municipal) or nonGovernment source.

d. Long Term Training and Education

(1) Long-term training is defined as full-time training away from the job, for periods lasting more than 120 consecutive days. A full-time program at a university is normally at least 12 credit hours. Long-term training is generally limited to 1 year.

(2) If long-term training is offered to employees at BUMED, information will be publicized to all civilian employees. The selection of participants will be based on fair and equitable considerations and will comply with reference (b).

e. Agreements to Continue in Service

(1) Agreement Required. Employees scheduled to attend Government or nonGovernment training in excess of 180 hours or more in a single program for which BUMED or DON pays all or part of the costs, must sign the Agreement of Continued Service, section E, DD 1556. This agreement, which must be entered into before actual assignment to the training, requires the employee to remain with the DON following completion of the training. When BUMED pays both the employee's salary and other costs, the employee must agree to continue in service for a period at least equal to three times the length of the training period.

(2) Failure to Fulfill Service Agreement

(a) The service obligation of employees who transfer to other Government agencies will be transferred automatically to their new agency. Employees who voluntarily separate from Government employment, before the expiration of the continued service period, are required to repay the Government all, or part, of the nonsalary expenses for the training.

(b) Employees who complete long-term training in a non-Government facility, and plan to separate from the Government before completing their service obligation, must notify HRSC-Capital Region in writing at least 21 calendar days before their planned separation. Failure to do so may obligate the employee to repay the activity in full for all nonsalary costs associated with training in the nonGovernment facility. The notification, giving a complete justification for failure to complete the service agreement, will be sent through the supervisory chain and MED-917 to the Chief, BUMED, who will make all final decisions on waiver requests. Employees, who comply with the 21-day notification stipulation, may be considered for a waiver. The repayment rate is based on the amount of remaining obligated service.

(c) When repayment has not been waived and cannot be secured directly from the employee, action will be taken to recover the funds.

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(d) Repayment will not be required of an employee who enters on active military duty under those circumstances that permit restoration rights per reference (a) Title 5, Code of Federal Regulations, Part 353 (a subparagraph of Part 410).

f. Required DON Training. All civilian employees must receive training in the following areas:

(1) Command Orientation

(2) Security

(3) Safety and Health

(4) AIDS/HIV

(5) Civilian Employee Assistance Program (CEAP). This course is designed to educate supervisors of civilian employees on how to effectively use the CEAP to help their employees overcome personal problems before they impact job performance or conduct.

(6) Computer Security

(7) Standards of Conduct/Ethics

g. Training is required for civilian and military employees having specific responsibilities in the following areas:

(1) Supervisory Training. 40 hours (20 hours in personnel area) required for all new civilian supervisors, during the probationary period. Four hours of annual Equal Employment Opportunity (EEO) training is required for all civilian supervisors.

(2) Executive and Management Development. Focus is on the development of managers, executives, and candidates for management positions. It is strongly encouraged.

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(3) EEO Training. Required for deputy EEO officers, special emphasis program managers, investigators, EEO counselors, and other EEO and complaint processing officials.

(4) The DON Training in the Prevention of Sexual Harassment. Required for all military and civilian supervisors and managers. Managers and supervisors need this training to understand laws, regulations, and DON policy regarding equal employment opportunities, including the prevention of sexual harassment.

h. Evaluation of Training. Evaluation is an integral part of the training program and is required by the DON.

i. Initial Evaluations. The employee and respective supervisor must assess individual training activities through the use of the DD 1556 by completing and returning copy #8 or 9 to MED-917 within 2 weeks after each training incident. The purpose is to gauge the initial reaction of the employee and supervisor to the training.

j. Records. The Employee Development Department, HRSC-Capital Region, must maintain civilian training records (e.g., copy of each DD 1556 for requested training, including no cost training to input information on completed training to the Defense Civilian Personnel Data Systems (DCPDS)). HRSC-Capital Region must receive a Xerox copy of #1 and the original copy #8 or 9 of the DD 1556 to input into DCPDS.

# TRAINING OFFICE

## VENDOR SELECTION WORKSHEET

COURSE TITLE: THE DEFENSE MESSAGE SYSTEM (DMS): A COMPREHENSIVE INTRODUCTION

Vendor's Name & Address (Contact /Phone)	ABILITY TO MEET IDENTIFIED TRAINING NEEDS	QUALITY OF TRAINING INCLUDING METHODS	ABILITY TO MEET BOMED TIMEFRAME	TOTAL COST	REFERENCE CHECKS OR PRIOR SERVICES	TOTAL NUMERICAL RATING FOR ALL FACTORS	COMMENTS
A	B	C	D	E	F	G	H
J.G. VANDYKE & ASSOCIATES 141 NATIONAL BUSINESS PARKWAY SUITE 210 ANNAPOLIS, MD 20701	1	1		\$895.00			THIS VENDOR PROVIDES TRAINING BUT NOT ENOUGH INDEPTH TRAINING FOR DMS AND NO HANDS ON TRAINING (3 DAYS)
POC JANE TERANTO (301) 953-3600 X754							
LEARNING TREE INTERNATIONAL 1805 LIBRARY ST RESTON, VA 20190 MR. BRADLEY (1-800-777-5911)	4	4		\$2014.00			THIS VENDOR IS MORE INDEPTH HANDS ON TRAINING AND MEETS MOST OF THE TRAINING NEEDED FOR DMS (4 DAYS)

RATING SCALE 4- Excellent  
3- Good  
2- Fair  
1-Poor

CITE VENDOR RECOMMENDED FOR SELECTION: LEARNING TREE  
Signature of Responsible Specialist: \_\_\_\_\_  
Date: \_\_\_\_\_

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT										
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)			B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)			C. Request Status or Process Code (X one)		D. Amendment No.		
CODE						<input checked="" type="checkbox"/> (1) Initial <input type="checkbox"/> (2) Resubmission <input type="checkbox"/> (3) Correction <input type="checkbox"/> (4) Cancellation				
Section A - TRAINEE / APPLICANT INFORMATION										
1. Name (Last, First, Middle Initial)			2. 1st 5 letters of last name		3. Social Security Number		4. Ed. level		5. Continuous Federal Svc a. Years      b. Months	
6. Home Address (Street, City, State and ZIP Code) (optional)			7. Phone Numbers (Include area code) a. Home b. Office		8. Position Title					
11. Organization Name			(1) Commercial (2) Auto von		9. Position Level (X one) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC for Navy Designator)			
12. Organization Mailing Address (Include ZIP)			13. Organization UIC		14. Type of Appointment		15. No. prior non-government training days			
2300 E STREET NW WASHINGTON DC 20372-5300			00018		16. Are you handicapped or disabled? (X one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Section B - TRAINING COURSE DATA										
17. Course Title      TEAM BUILDING FOR EMPLOYEES										
18. Training Objectives (Benefits to be derived by the Government) THIS COURSE WILL TEACH ME THE KNOWLEDGE AND AWARENESS OF MY IMPACT ON OTHERS. BUILD GROUP ACHIEVEMENT MOTIVATION AND SKILLS FOR WORKING TOGETHER TO ACHIEVE GOALS; IMPROVE COMMUNICATION.					19. Recommended Training Source, School or Facility a. Name      WASSERMAN KATZ b. Mailing address (Include ZIP) 10109 SNOWHILL LANE POTOMAC, MD 20854 (HRSC-CAP REGION SPONSORED COURSE)					
20. Course Codes					c. Location of training site (If other than 19b) HRSC CAPITAL, WASHINGTON, DC					
a. Purpose      4		f. Security Clearance      U		k. Training Program		21. Course hours (4 digits)		22. Course Identifiers		
b. Type      4		g. Allocation Status      1		l. Reason for Selection      4		a. Duty      0007		a. SAID		
c. Source      1		h. Priority      1		23. Training Period (YYMMDD)		b. Non-duty      0000		b. Catalog / Course No.		
d. Special Interest      1		i. Training Level      3		a. Start      990916		c. TOTAL      0007		c. Offering / TLN		
e. Training Vendor		j. Method of Training      7		b. Complete      990916						
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)										
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box <input checked="" type="checkbox"/>										
25. Direct Costs			26. Indirect Costs (For information only)			27. Accounting Classification				
a. Tuition cost      \$495.00		a. Travel cost		b. Books, material, other costs		b. Per diem/other costs		c. Total indirect costs		
c. Total direct costs      \$495.00		28. Labor Costs		29. Signature of Fiscal Officer (Follow local procedure)				30. Total of Direct & Indirect Costs \$495.00		
d. Funding source		31. Job Order No.		R						
Section D - APPROVAL / CONCURRENCE / CERTIFICATION										
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)					33. Training Officer: I certify this training meets regulatory requirements.					
a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)		a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)		
c. Signature & Title			d. Date		c. Signature & Title			d. Date		
34. Authorizing Official					35. Course Acceptance (To be completed by school official)					
a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved		b. Typed Name (Last, First, Middle Initial)			c. School Official Signature		d. Date			
c. Phone number (Include area code)		d. Signature & Title			e. Date			36. Course Completion (To be completed by school official)		
a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo.		b. Actual Completion Date (YYMMDD)		c. Grade			d. Signature & Title			
e. Date		37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to:			38. Certifying Government Official					
BUREAU OF MEDICINE AND SURGERY (MED-917) 2300 E STREET NW WASHINGTON DC 20372-5300					a. I certify that this account is correct and proper for payment in the amount of:      \$					
					b. Signature			c. Date Signed		
d. DSSN Number			e. Check Number		f. Voucher Number					

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT													
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)			D. Amendment No.		
CODE								<input checked="" type="checkbox"/> (1) Initial		(2) Resubmission			
								(3) Correction		(4) Cancellation			
Section A - TRAINEE / APPLICANT INFORMATION													
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc a. Years    b. Months		
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code) a. Home b. Office		8. Position Title							
11. Organization Name				(1) Commercial (2) Auto von		9. Position Level (X one) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)			10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)				
12. Organization Mailing Address (Include ZIP)				13. Organization UIC		14. Type of Appointment			15. No. prior non-government training days				
2300 E STREET NW WASHINGTON DC 20372-5300				00018		Yes No							
				<input checked="" type="checkbox"/> No									
Section B - TRAINING COURSE DATA													
17. Course Title    TEAM BUILDING FOR EMPLOYEES													
18. Training Objectives (Benefits to be derived by the Government) THIS COURSE WILL TEACH ME THE KNOWLEDGE AND AWARENESS OF MY IMPACT ON OTHERS. BUILD GROUP ACHIEVEMENT MOTIVATION AND SKILLS FOR WORKING TOGETHER TO ACHIEVE GOALS; IMPROVE COMMUNICATION.						19. Recommended Training Source, School or Facility a. Name    WASSERMAN KATZ b. Mailing address (Include ZIP) 10109 SNOWHILL LANE POTOMAC, MD 20854 (HRSC-CAP REGION SPONSORED COURSE)							
20. Course Codes						c. Location of training site (If other than 19b)							
a. Purpose    4    f. Security Clearance    U    k. Training Program						HRSC CAPITAL, WASHINGTON, DC							
b. Type    4    g. Allocation Status    1    l. Reason for Selection    4						21. Course hours (4 digits)    22. Course Identifiers							
c. Source    1    h. Priority    1    23. Training Period (YYMMDD)						a. Duty    0007    a. SAID							
d. Special Interest    1    i. Training Level    3    a. Start    990916						b. Non-duty    0000    b. Catalog / Course No.							
e. Training Vendor    j. Method of Training    7    b. Complete    990916						c. TOTAL    0007    c. Offering / TLN							
Section H - EVALUATION													
Part I (To be completed by trainee)													
48. Was course completed? (x one)				49. Actual course dates				50. Actual course hours				51. Academic grade/score	
a. Yes				a. Commenced (YYMMDD)				a. Duty				b. Non-duty	
b. No (Return this form with a memo explaining circumstances)				b. Completed (YYMMDD)									
52. Were all sessions attended? (x one)													
a. Yes													
b. No (Explain)													
AREAS OF EVALUATION										RATING			
X appropriate column to indicate your evaluation of items 53 through 64. Do not attempt to split a rating.										A	B	C	
53. Stated objective accomplished				A = Yes				B = Partially				C = No	
54. Coverage of subject matter				A = Excellent				B = Sufficient				C = Poor	
55. Organization of subject matter				A = Well organized				B = Adequate				C = Poorly organized	
56. Suitability of instructional materials				A = Excellent				B = Adequate				C = Poor	
57. Level of difficulty				A = Too advanced				B = Appropriate				C = Too elementary	
58. Length of course				A = Too long				B = Appropriate				C = Too short	
59. Amount of outside or evening work				A = Too much				B = Appropriate				C = Insufficient	
60. Effectiveness of instructors				A = Excellent				B = Good				C = Poor	
61. Applicability of subject matter to the job				A = Significant				B = Adequate				C = Insignificant	
62. Facilities				A = Excellent				B = Good				C = Poor	
63. Recommendation to colleagues				A = Highly recommended				B = Recommended				C = Not recommended	
64. Meet career development plans				A = Yes				B = No				C = Not applicable	

**Section H - EVALUATION - Continued****Part II (To be completed by trainee)**

65. Comments on strong points of course

66. Comments on weak points of course

67. What were your objectives in taking this course? Were they met?

68. Do you recommend this program for others? If so, whom?

69. Additional comments

70.a. Signature of trainee

b. Date signed

**Part III (To be completed by trainee's immediate supervisor)**

71. Have you discussed this course and its application to the job with this employee? (X one)

Yes

No

72. Were the objectives of the training achieved?

73. Additional comments

74.a. Signature of supervisor

b. Date signed

**PERSONNEL USE ONLY**



## TEAM BUILDING FOR EMPLOYEES

LASTNAME, FIRSTNAME, MI	SSN	GS/SERIES/GRADE
-------------------------	-----	-----------------

## TEAM BUILDING FOR EMPLOYEES

This course is designed to concentrate on building effective teamwork among employees. Team building helps develop a more cohesive, well integrated, cooperative environment for task accomplishment. Team building emphasizes results while respecting individual values, skills and behaviors.

**Objectives:** Upon completion of this course, participants will be able to:

- Increase their knowledge and awareness of their impact on others;
- Improve communication;
- Build group achievement motivation and skills for working together to achieve goals;
- Practice and refine interpersonal skills.

**Target Audience:** All employees who wish to enhance their team building skills needed to accomplish a common goal.

**Training Source:**

Wasserman/Katz  
10109 Snowhill Lane  
Potomac, MD 20854

**Tuition:** \$ 165.00

**Time:** 0800 - 1500

**Course Dates:**

18 March 1999

16 September 1999

<b>REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT</b>											
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)  <div style="text-align: center; font-weight: bold;">MED-09</div>				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)			D. Amendment No.
								<input checked="" type="checkbox"/> (1) Initial <input type="checkbox"/> (2) Resubmission <input type="checkbox"/> (3) Correction <input type="checkbox"/> (4) Cancellation			
<b>Section A - TRAINEE / APPLICANT INFORMATION</b>											
1. Name (Last, First, Middle Initial) <b>CONTINUATION SHEET</b>				2. 1st 5 letters of last name		3. Social Security Number		4. Ed. level		5. Continuous Federal Svc a. Years    b. Months	
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code) a. Home b. Office		8. Position Title					
11. Organization Name <b>BUREAU OF MEDICINE AND SURGERY</b>				(1) Commercial (2) Autovon		a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)			
12. Organization Mailing Address (Include ZIP) <b>2300 E STREET NW WASHINGTON DC 20372-5300</b>				13. Organization UIC <b>00018</b>		14. Type of Appointment		15. No. prior non-government training days			
				16. Are you handicapped or disabled? (X one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Section B - TRAINING COURSE DATA</b>											
17. Course Title <b>CONFLICT MANAGEMENT &amp; CONFRONTATIONAL SKILLS</b>											
18. Training Objectives (Benefits to be derived by the Government) <b>THIS COURSE WILL TEACH ME HOW TO UNCOVER "HIDDEN" RESENTMENTS AND LEARN WHAT'S REALLY BUGGING OTHERS. UNDERSTAND "ESCALATION SCALE" AND PREVENT DISAGREEMENTS FROM TURNING INTO ARGUMENTS.</b>								19. Recommended Training Source, School or Facility a. Name <b>FRED PRYOR SEMINARS</b> b. Mailing address (Include ZIP) <b>A DIVISION OF PRYOR RESOURCES, INC P O BOX 2951 SHAWNEE MISSION, KS 66201</b>			
20. Course Codes a. Purpose <b>4</b> b. Type <b>4</b> c. Source <b>4</b> d. Special Interest <b>0</b> e. Training Vendor								f. Security Clearance g. Allocation Status <b>1</b> h. Priority <b>1</b> i. Training Level <b>3</b> j. Method of Training <b>7</b> k. Training Program l. Reason for Selection <b>1</b> 23. Training Period (YYMMDD) a. Start <b>990713</b> b. Complete <b>990713</b>			
								19. <b>WASHINGTON PLAZA HOTEL 10 THOMAS CIRCLE</b> 21. Course hours (4 digits) a. Duty <b>0007</b> b. Non-duty <b>0000</b> c. TOTAL <b>0007</b> 22. Course Identifiers a. SAID b. Catalog / Course No. <b>2980097</b> c. Offering / TLN			
<b>Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)</b>											
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box <span style="float: right;">→</span>											
25. Direct Costs a. Tuition cost <b>\$198.00</b> b. Books, material, other costs c. Total direct costs <b>\$198.00</b> d. Funding source				26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs				27. Accounting Classification			
31. Job Order No.				28. Labor Costs				29. Signature of Fiscal Officer (Follow local procedure)			
								30. Total of Direct & Indirect Costs <b>\$198.00</b>			
<b>Section D - APPROVAL / CONCURRENCE / CERTIFICATION</b>											
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date								33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) b. Phone number (Include area code) c. Signature & Title d. Date			
34. Authorizing Official a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved b. Typed Name (Last, First, Middle Initial) c. Phone number (Include area code) d. Signature & Title e. Date								35. Course Acceptance (To be completed by school official) a. Accepted <input type="checkbox"/> c. School Official Signature b. Not Accepted <input type="checkbox"/> d. Date			
37. Billing Instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to:  <b>BUREAU OF MEDICINE AND SURGERY (MED-917) 2300 E STREET NW WASHINGTON, DC 20372-5300</b>								36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <span style="float: right;">→</span> b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date			
								38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: <b>\$</b> b. Signature c. Date Signed d. DSSN Number    e. Check Number    f. Voucher Number			

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT												
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)  <div style="text-align: center; font-weight: bold;">MED-09</div>				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one) <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> (1) Initial</div> <div><input type="checkbox"/> (2) Resubmission</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> (3) Correction</div> <div><input type="checkbox"/> (4) Cancellation</div> </div>			D. Amendment No.	
Section A - TRAINEE / APPLICANT INFORMATION												
1. Name (Last, First, Middle Initial) <b>CONTINUATION SHEET</b>				2. 1st 5 letters of last name		3. Social Security Number		4. Ed. level		5. Continuous Federal Svc a. Years    b. Months		
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code) a. Home b. Office		8. Position Title						
11. Organization Name <b>BUREAU OF MEDICINE AND SURGERY</b>				(1) Commercial (2) Autovon		9. Position Level (X one) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)				
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16. Are you handicapped or disabled? (X one) <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>												
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Section H - EVALUATION												
Part I (To be completed by trainee)												
48. Was course completed? (X one) a. Yes b. No (Return this form with a memo explaining circumstances)				49. Actual course dates a. Commenced (YYMMDD) b. Completed (YYMMDD)		50. Actual course hours a. Duty b. Non-duty		51. Academic grade/score				
52. Were all sessions attended? (X one) a. Yes b. No (Explain)												
AREAS OF EVALUATION										RATING		
X appropriate column to indicate your evaluation of items 53 through 64. Do not attempt to split a rating.										A	B	C
53. Stated objective accomplished	A = Yes			B = Partially			C = No					
54. Coverage of subject matter	A = Excellent			B = Sufficient			C = Poor					
55. Organization of subject matter	A = Well organized			B = Adequate			C = Poorly organized					
56. Suitability of instructional materials	A = Excellent			B = Adequate			C = Poor					
57. Level of difficulty	A = Too advanced			B = Appropriate			C = Too elementary					
58. Length of course	A = Too long			B = Appropriate			C = Too short					
59. Amount of outside or evening work	A = Too much			B = Appropriate			C = Insufficient					
60. Effectiveness of instructors	A = Excellent			B = Good			C = Poor					
61. Applicability of subject matter to the job	A = Significant			B = Adequate			C = Insignificant					
62. Facilities	A = Excellent			B = Good			C = Poor					
63. Recommendation to colleagues	A = Highly recommended			B = Recommended			C = Not recommended					
64. Meet career development plans	A = Yes			B = No			C = Not applicable					

**Section H - EVALUATION - Continued****Part II (To be completed by trainee)**

65. Comments on strong points of course

66. Comments on weak points of course

67. What were your objectives in taking this course? Were they met?

68. Do you recommend this program for others? If so, whom?

69. Additional comments

70.a. Signature of trainee

b. Date signed

**Part III (To be completed by trainee's immediate supervisor)**71. Have you discussed this course and its application to the job with this employee? *(X one)*

Yes

No

72. Were the objectives of the training achieved?

73. Additional comments

74.a. Signature of supervisor

b. Date signed

**PERSONNEL USE ONLY**

## CONFLICT MANAGEMENT & CONFRONTATIONAL SKILLS

LASTNAME, FIRSTNAME, MI	SSN	RANK/NAVY DESIGNATOR
-------------------------	-----	----------------------

# SEMINAR REPORT CARD

## WHY YOU'LL GIVE THIS COURSE TOP MARKS:

### A+ QUALITY AND CONTENT

We cover the most essential, life-enhancing information in a fast-paced, one-day format that respects your time. We strive for the essential course balance, giving you key information you can use immediately without complex details that you don't want or need.

### A+ TRAINING VALUE

You'll get substantial returns from a small investment — only \$99 per registrant. Like every Fred Pryor seminar, "Conflict Management and Confrontational Skills" is value-driven and designed with your budget in mind — this is training that will pay, not cost.

### A+ CONVENIENCE

You can make the most of your time and gain these considerable benefits without the hassle, inconvenience, and expense of travel. Our one-day format and extensive national seminar schedule ensures that professionals everywhere can attend at their convenience.

### A+ COURSE MATERIALS

You'll receive an invaluable workbook that's yours to keep — complete with information covered in the seminar, indispensable supplementary information, and plenty of room for your own notes. Everything you've learned will be right at your fingertips, ready for quick reference long after the seminar ends.

### A+ ADDED BENEFITS

Attend this seminar, and you'll automatically be enrolled in the Frequent Pryor Club® — an exclusive "extra" available only from Fred Pryor Seminars.

The benefits of membership include:

- FREE Seminars — if you attend 3, you get the 4th free!
- Qualify for our lowest prices on audiocassettes, video tapes, and books.
- FREE 3-month subscription to The Pryor Report — an information-packed management newsletter.

### A+ GUARANTEE

"Results or Else!" That's our guarantee. If you are not completely satisfied with this seminar, we will refund your tuition in full, at any time, no questions asked. Only Fred Pryor Seminars offers this comprehensive, lifetime guarantee.

## REGISTRATION INFORMATION

The fee for this seminar is \$99 per person. For groups of 5 or more from the same organization attending the same seminar, the fee is only \$89 per person. You may cancel your registration up to 7 days before the seminar. Your registration fee will be refunded less a \$10 enrollment charge. If you need to cancel less than 7 days prior to the seminar you may 1) send a substitute from your organization or 2) transfer your registration to another seminar of your choice within 12 months.

The fee includes all workbook materials and seminar instruction. Lunch and parking fees (if any) are on your own. Registration is permitted the day of the seminar on a space-available basis.

- Program hours are 8:00 a.m. to 4:00 p.m.
- For fast registration call toll-free 1-800-255-6139
- To fax your registration, call (913) 722-8586, 24 hours a day, 7 days a week.

## TAX DEDUCTION

All expenses of a continuing management education course (including registration fees, travel, meals, and lodging) taken to maintain and improve professional skills are tax deductible subject to the limitations set forth in the Internal Revenue Code.

## EDUCATION CREDITS

When you attend this seminar, you receive 0.6 CEUs (Continuing Education Units) of continuing education credit approved by the International Association for Continuing Education and Training. (Please verify applicability with your professional board before attending.)

## THE TEAM APPROACH

If you'd like to see productivity really skyrocket, train your entire employee group — at the date and location you choose! This seminar is just one of dozens of programs offered by Fred Pryor Seminars that can be brought to your location and customized to meet your employees' specific training needs — at a surprisingly affordable cost. Call our In-House Training Department toll-free at 1-800-938-6330 for more information on the "whole office" training solution!

# ONE DAY SEMINAR CONFLICT MANAGEMENT & CONFRONTATIONAL SKILLS

## DESPERATE FOR BETTER ALTERNATIVES?

- An alternative to **ANGER**: "Channel" your anger into a positive, productive, motivating force!
- An alternative to **CONFLICT**: Construct a "framework" for conflict management that keeps any disagreement within bounds.
- An alternative to **FRUSTRATION**: A fascinating technique that transforms conflict and competitiveness into cooperation and teamwork!
- An alternative to **STRESS & TENSION**: Learn a 5-minute relaxation technique that will have you at peace and "breathing easy" in record time.
- An alternative to **OVER REACTIONS**: "Desensitization" techniques that enable your head (instead of your gut) to control your emotional response.
- And dozens more superior alternatives! See inside!

## DISTRICT OF COLUMBIA

**Washington - Dec. 7**  
Seminar No. 2980097  
Days Inn Premier  
Convention Center  
1201 K Street NW

## MARYLAND

**Annapolis - Dec. 8**  
Seminar No. 2980629  
Annapolis Holiday Inn  
210 Holiday Court

**Baltimore - Dec. 3**  
Seminar No. 2980012  
Days Inn Baltimore West  
5801 Baltimore  
National Pike

**Baltimore - Dec. 4**  
Seminar No. 2980012  
Holiday Inn Baltimore West  
1800 Belmont

**Bethesda - Dec. 1**  
Seminar No. 2980314  
The Bethesda Ramada  
8400 Wisconsin Avenue

**Hagerstown - Dec. 2**  
Seminar No. 2980384  
Hagerstown Days Inn  
900 Dual Highway

**Lanham - Dec. 8**  
Seminar No. 2984088  
Best Western  
5910 Princess Garden  
Parkway

## VIRGINIA

**Alexandria - Dec. 9**  
Seminar No. 2980337  
Best Western  
Old Colony Inn  
615 First Street

**Arlington - Dec. 10**  
Seminar No. 2980255  
Campus Professional  
Center  
3401 N. Fairfax Drive

**Charlottesville - Dec. 2**  
Seminar No. 2980264  
Holiday Inn University Area  
1901 Emmet Street

**Fredericksburg - Dec. 5**  
Seminar No. 2980483  
Holiday Inn South  
5324 Jefferson Davis  
Highway

**Lynchburg - Dec. 1**  
Seminar No. 2980205  
Ramada Inn and  
Conference Center  
Route 29 S. Expressway  
and Odd Fellows Road

**Norfolk - Dec. 11**  
Seminar No. 2980064  
Ramada Madison Hotel  
345 Granby Street

**Richmond - Dec. 10**  
Seminar No. 2980079  
Holiday Inn Crossroads  
2000 Staples Mill Road

**Roanoke - Nov. 30**  
Seminar No. 2980106  
Days Inn Airport  
8118 Plantation Road



Enroll today!  
Call toll-free  
**1-800-255-6139**



Mail the  
registration  
form below



Fax your  
registration  
**913-722-8585**



**FRED PRYOR SEMINARS**  
A DIVISION OF PRYOR RESOURCES, INC.  
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ID#  
**024000**

☐ **YES!** I'm ready to learn the most effective  
methods to manage conflict, anger,  
and emotion - for only \$99!

Bulk Rate  
U.S. Postage  
**PAID**  
Fred Pryor Seminars

SEMINAR  
**1**  
Seminar City: \_\_\_\_\_  
Seminar Date: \_\_\_\_\_ Seminar No: \_\_\_\_\_

WHO  
WILL BE  
ATTENDING  
**2**  
☐ Mr.  
☐ Ms. \_\_\_\_\_  
Job Title: \_\_\_\_\_  
☐ Mr.  
☐ Ms. \_\_\_\_\_  
Job Title: \_\_\_\_\_  
☐ Mr.  
Approving Mgr's Name: ☐ Ms. \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Please list additional names on a separate sheet.

YOUR  
ORGANI-  
ZATION  
**3**  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tele: \_\_\_\_\_

Let's avoid wasteful duplicate mailings. If you receive duplicates of the same brochure with different VIP numbers, please send the labels to us (Attn. MS 50), indicating which label is correct, and we'll change our records for the very next update. You may receive some duplicates for a while. Thanks!

When registering, please do not remove the mailing label.

Attention: Mail Room Personnel (or Addressee) - Please Reroute if Necessary!

**Conflict Management & Confrontational Skills**

METHOD  
OF  
PAYMENT  
**4**  
**IMPORTANT: Send your payment now, tuition is due before the seminar.**  
Make checks payable to Fred Pryor Seminars. Please return this form to: Fred Pryor Seminars,  
P.O. Box 2951, Shawnee Mission, KS 66201.  
Please check one of the following:  
1. ☐ Registration fee enclosed. Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
2. ☐ Our Purchase Order is attached. P.O. # \_\_\_\_\_  
3. ☐ Bill my organization. Attention: \_\_\_\_\_  
4. ☐ Charge to: ☐ Am. Express ☐ Diners Club ☐ Discover ☐ MasterCard ☐ Visa  
Acct. No: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

☐ Check here if you have already registered by phone and are sending this as confirmation.

\*\*\*\*\* ECRL0T \*\* C000

VTP 21 901 149 887 86

RIIMEN WASHINGTON DC

2300 E ST NW  
WASHINGTON DC 20372-5300



\*\*\*\*\* ECRL0T \*\* C000



REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT															
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)				D. Amendment No.			
CODE								<input checked="" type="checkbox"/> (1) Initial		<input type="checkbox"/> (2) Resubmission					
								<input type="checkbox"/> (3) Correction		<input type="checkbox"/> (4) Cancellation					
Section A - TRAINEE / APPLICANT INFORMATION															
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc a. Years    b. Months				
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code)		8. Position Title									
				a. Home b. Office											
11. Organization Name <b>BUREAU OF MEDICINE AND SURGERY</b>				(1) Commercial				a. Executive		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)					
				(2) Auto von				b. Manager							
12. Organization Mailing Address (Include ZIP) <b>2300 E STREET NW WASHINGTON DC 20372-5300</b>				13. Organization UIC <b>00018</b>				c. Supervisory		14. Type of Appointment		15. No. prior non-govern- ment training days			
				16. Are you handicapped or disabled? (X one)		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d. Non-Supervisory							
								e. Other (Specify)							
Section B - TRAINING COURSE DATA															
17. Course Title <b>SERVICE CONTRACT ACT OVERVIEW</b>															
18. Training Objectives (Benefits to be derived by the Government) <b>THIS COURSE IS DESIGNED TO HELP CONTRACTING OFFICIALS ADMINISTER THE REQUIREMENTS OF THE SERVICE CONTRACT ACT (SCA) OF 1965. THE COURSE FOCUSES SPECIFICALLY ON THE LAW ITSELF, THE LABOR DEPARTMENT REGULATIONS THAT IMPLEMENT IT, AND HOW IT APPLIES TO THE ACQUISITION PROCESS.</b>								19. Recommended Training Source, School or Facility							
								a. Name <b>MANAGEMENT CONCEPTS INC</b> b. Mailing address (Include ZIP) <b>8230 LEESBURG PIKE SUITE 800 VIENNA VA 22182</b>							
								c. Location of training site (If other than 19b)							
20. Course Codes								21. Course hours (4 digits)				22. Course Identifiers			
a. Purpose		<b>4</b>		f. Security Clearance				k. Training Program				a. SAID			
b. Type		<b>4</b>		g. Allocation Status		<b>1</b>		l. Reason for Selection		<b>1</b>		b. Catalog / Course No.			
c. Source		<b>1</b>		h. Priority		<b>1</b>		23. Training Period (YYMMDD)				c. Offering / TLN			
d. Special Interest		<b>1</b>		i. Training Level		<b>3</b>		a. Start		<b>990405</b>		99116203			
e. Training Vendor				j. Method of Training		<b>7</b>		b. Complete		<b>990406</b>					
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)															
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box <span style="float: right;">→</span>															
25. Direct Costs				26. Indirect Costs (For information only)				27. Accounting Classification							
a. Tuition cost		<b>\$395.00</b>		a. Travel cost											
b. Books, material, other costs				b. Per diem/other costs											
c. Total direct costs		<b>\$395.00</b>		c. Total indirect costs											
d. Funding source				28. Labor Costs				29. Signature of Fiscal Officer (Follow local procedure)							
31. Job Order No.								30. Total of Direct & Indirect Costs <b>\$395.00</b>							
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d. Signature & Title				e. Date				36. Course Completion (To be completed by school official)							
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								d. Signature & Title				e. Date			
38. Certifying Government Official								a. I certify that this account is correct and proper for payment in the amount of:      \$							
								b. Signature				c. Date Signed			
								d. DSSN Number		e. Check Number		f. Voucher Number			

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12. Organization Mailing Address (Include ZIP)				13. Organization UIC				00018		c. Supervisory		14. Type of Appointment		15. No. prior non-government training days				
2300 E STREET NW				16. Are you handicapped or disabled? (X one)				<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d. Non-Supervisory								
WASHINGTON DC 20372-5300										e. Other (Specify)								
Section B - TRAINING COURSE DATA																		
17. Course Title    SERVICE CONTRACT ACT OVERVIEW																		
18. Training Objectives (Benefits to be derived by the Government) THIS COURSE IS DESIGNED TO HELP CONTRACTING OFFICIALS ADMINISTER THE REQUIREMENTS OF THE SERVICE CONTRACT ACT (SCA) OF 1965. THE COURSE FOCUSES SPECIFICALLY ON THE LAW ITSELF, THE LABOR DEPARTMENT REGULATIONS THAT IMPLEMENT IT, AND HOW IT APPLIES TO THE ACQUISITION PROCESS.								19. Recommended Training Source, School or Facility										
								a. Name    MANAGEMENT CONCEPTS INC b. Mailing address (Include ZIP) 8230 LEESBURG PIKE SUITE 800 VIENNA VA 22182										
20. Course Codes								c. Location of training site (If other than 19b)										
a. Purpose		4		f. Security Clearance				k. Training Program				21. Course hours (4 digits)		22. Course Identifiers				
b. Type		4		g. Allocation Status		1		l. Reason for Selection		1		a. Duty		0016				
c. Source		1		h. Priority		1		23. Training Period (YYMMDD)				a. SAID						
d. Special Interest		1		i. Training Level		3		a. Start		990405		b. Non-duty		0000				
e. Training Vendor				j. Method of Training		7		b. Complete		990406		c. TOTAL		0016				
												b. Catalog / Course No.		99116203				
												c. Offering / TLN						
Section H - EVALUATION																		
Part I (To be completed by trainee)																		
48. Was course completed? (x one)				49. Actual course dates				50. Actual course hours				51. Academic grade/score						
a. Yes b. No (Return this form with a memo explaining circumstances)				a. Commenced (YYMMDD) b. Completed (YYMMDD)				a. Duty b. Non-duty										
52. Were all sessions attended? (x one)																		
a. Yes b. No (Explain)																		
AREAS OF EVALUATION												RATING						
X appropriate column to indicate your evaluation of items 53 through 64. Do not attempt to split a rating.												A	B	C				
53. Stated objective accomplished				A = Yes				B = Partially				C = No						
54. Coverage of subject matter				A = Excellent				B = Sufficient				C = Poor						
55. Organization of subject matter				A = Well organized				B = Adequate				C = Poorly organized						
56. Suitability of instructional materials				A = Excellent				B = Adequate				C = Poor						
57. Level of difficulty				A = Too advanced				B = Appropriate				C = Too elementary						
58. Length of course				A = Too long				B = Appropriate				C = Too short						
59. Amount of outside or evening work				A = Too much				B = Appropriate				C = Insufficient						
60. Effectiveness of instructors				A = Excellent				B = Good				C = Poor						
61. Applicability of subject matter to the job				A = Significant				B = Adequate				C = Insignificant						
62. Facilities				A = Excellent				B = Good				C = Poor						
63. Recommendation to colleagues				A = Highly recommended				B = Recommended				C = Not recommended						
64. Meet career development plans				A = Yes				B = No				C = Not applicable						

**Section H - EVALUATION - Continued****Part II (To be completed by trainee)**

65. Comments on strong points of course

66. Comments on weak points of course

67. What were your objectives in taking this course? Were they met?

68. Do you recommend this program for others? If so, whom?

69. Additional comments

70.a. Signature of trainee

b. Date signed

**Part III (To be completed by trainee's immediate supervisor)**

71. Have you discussed this course and its application to the job with this employee? (X one)

Yes

No

72. Were the objectives of the training achieved?

73. Additional comments

74.a. Signature of supervisor

b. Date signed

**PERSONNEL USE ONLY**



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## Service Contract Act Overview

This course is designed to help federal personnel administer the requirements of the McNamara-O'Hara Service Contract Act (SCA) of 1965. The course focuses on the Act, the Department of Labor (DOL) regulations that implement it, and how it applies to the acquisition process. A detailed, comprehensive text is provided that contains copies of the law, DOL implementing regulations, Administrative Review Board Decisions, and wage determinations.

**Prerequisites:** *Introduction to Federal Contracting*

### Course Objectives:

After successful completion of this course, the student will be able to:

- Determine if the SCA applies
- Understand basic wage and fringe benefit rules
- Apply the SCA provisions to applicable contracts
- Enforce the SCA

### COURSE NUMBER: 1162

#### Denver, CO

00116201: 10/14/99-10/15/99

#### Vienna, VA

00116202: 11/8/99-11/9/99

00116203: 1/20/00-1/21/00

00116204: 4/17/00-4/18/00

00116205: 7/6/00-7/7/00

00116206: 9/13/00-9/14/00

#### Portland, OR

00116207: 6/8/00-6/9/00

(To register, click on the appropriate session dates.)

### FORMAT:

Lecture, discussion, case studies, and independent readings.

### LENGTH: 2 days

### CPE CREDITS: 16

Level: Overview

### TUITION: \$395

### Major Topics:

#### Overview of the Service Contract Act

□ Scope and coverage of SCA and exemptions from its provisions.

#### Basic Wage and Fringe Benefit Rules

□ Compensation provisions (for wages and fringe benefits).  
 □ Provision for subcontracts, multiyear contracts, and "successor" contracts. Overtime rules. Health and safety

successor contracts. Overtime rules. Health and safety standards.

### **Applying SCA Provisions to Contracts**

Steps to request wage determinations. Response from the DOL and subsequent agency actions. Dealing with delays and emergency situations. Conforming procedures. Proceeding without a wage determination. Amending the solicitation to include late or changed wage determinations.

### **Enforcing the Service Contract Act**

Violations of wage and fringe benefit provisions. Violations of other provisions. Penalties, disputes, and enforcement. Hearings conducted by the DOL and appeals to the Administrative Review Board.

### **Related Laws and Regulations**

How the SCA relates to other labor laws, such as the Fair Labor Standards Act, Walsh-Healey Public Contracts Act, Davis-Bacon Act, Interstate Commerce Act, Communications Act of 1934, Contract Work Hours and Safety Standards Act, Vietnam Veterans Readjustment Assistance Act, and the Rehabilitation Act of 1973.

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**DD Form 1556, MAR 87**  
Copy 1-AGENCY (TRAINING PERSONNEL FOLDER)

*Previous edition may be used until exhausted.*  
**White Copy**

DoD exception to SF 182  
approved by GSA / IRMS 11-86.

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT															
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)				D. Amendment No.			
CODE								<input checked="" type="checkbox"/> (1) Initial		<input type="checkbox"/> (2) Resubmission					
								<input type="checkbox"/> (3) Correction		<input type="checkbox"/> (4) Cancellation					
<b>Section A - TRAINEE / APPLICANT INFORMATION</b>															
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Svc a. Years    b. Months				
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code)			8. Position Title								
11. Organization Name  <b>BUREAU OF MEDICINE AND SURGERY</b>				a. Home			9. Position Level (X one)					10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC for Navy Designator)			
				b. Office											
12. Organization Mailing Address (Include ZIP)				13. Organization UIC			<input checked="" type="checkbox"/>		c. Supervisory		14. Type of Appointment		15. No. prior non-government training days		
2300 E STREET NW WASHINGTON DC 20372-5300				00018			16. Are you handicapped or disabled? (X one)		d. Non-Supervisory						
				<input checked="" type="checkbox"/> No			e. Other (Specify)								
<b>Section B - TRAINING COURSE DATA</b>															
17. Course Title <b>EXCEL 97 ADVANCED</b>															
18. Training Objectives (Benefits to be derived by the Government)								19. Recommended Training Source, School or Facility							
THIS COURSE WILL TEACH ME TO CREATE BASIC WORKSHEETS, WORK WITH RANGES; MOVEMENT TECHNIQUES; MOVE AND COPY DATA; FORMATTING TECHNIQUES AND PREVIEW CHARTING.								a. Name <b>KNOWLOGY</b>							
								b. Mailing address (Include ZIP)							
								105 WEST BROAD ST 5TH FLOOR FALLS CHURCH VA 22046							
20. Course Codes								c. Location of training site (If other than 19b)							
a. Purpose		4		f. Security Clearance		U		k. Training Program		21. Course hours (4 digits)		22. Course Identifiers			
b. Type		4		g. Allocation Status		1		i. Reason for Selection						4	
c. Source		1		h. Priority		1		23. Training Period (YYMMDD)		a. Duty		0008			
d. Special Interest		1		i. Training Level		3		a. Start		990329		b. Non-duty		0000	
e. Training Vendor				j. Method of Training		7		b. Complete		990329		c. TOTAL		0008	
<b>Section H - EVALUATION</b>															
<b>Part I (To be completed by trainee)</b>															
48. Was course completed? (x one)				49. Actual course dates				50. Actual course hours				51. Academic grade/score			
a. Yes				a. Commenced (YYMMDD)		b. Completed (YYMMDD)		a. Duty		b. Non-duty					
b. No (Return this form with a memo explaining circumstances)															
52. Were all sessions attended? (x one)															
a. Yes															
b. No (Explain)															
<b>AREAS OF EVALUATION</b>															
X appropriate column to indicate your evaluation of items 53 through 64. Do not attempt to split a rating.															
												<b>RATING</b>			
												A	B	C	
53. Stated objective accomplished				A = Yes				B = Partially				C = No			
54. Coverage of subject matter				A = Excellent				B = Sufficient				C = Poor			
55. Organization of subject matter				A = Well organized				B = Adequate				C = Poorly organized			
56. Suitability of instructional materials				A = Excellent				B = Adequate				C = Poor			
57. Level of difficulty				A = Too advanced				B = Appropriate				C = Too elementary			
58. Length of course				A = Too long				B = Appropriate				C = Too short			
59. Amount of outside or evening work				A = Too much				B = Appropriate				C = Insufficient			
60. Effectiveness of instructors				A = Excellent				B = Good				C = Poor			
61. Applicability of subject matter to the job				A = Significant				B = Adequate				C = Insignificant			
62. Facilities				A = Excellent				B = Good				C = Poor			
63. Recommendation to colleagues				A = Highly recommended				B = Recommended				C = Not recommended			
64. Meet career development plans				A = Yes				B = No				C = Not applicable			

**Section H - EVALUATION - Continued****Part II (To be completed by trainee)**

65. Comments on strong points of course

66. Comments on weak points of course

67. What were your objectives in taking this course? Were they met?

68. Do you recommend this program for others? If so, whom?

69. Additional comments

70.a. Signature of trainee

b. Date signed

**Part III (To be completed by trainee's immediate supervisor)**

71. Have you discussed this course and its application to the job with this employee? (X one)

Yes

No

72. Were the objectives of the training achieved?

73. Additional comments

74.a. Signature of supervisor

b. Date signed

**PERSONNEL USE ONLY**





## **Excel 7.0, Introduction (One Day)**

*Prerequisite: Intro to Windows 95*

### **Course Outline**

- Introduction to worksheets
- Create basic worksheet
- Work with ranges
- Movement techniques
- Use functions
- Move and copy data
- Modify worksheets
- Formatting techniques
- Print a worksheet
- Preview charting

---

### **Additional Excel 7.0 courses available from Knowlogy:**

Excel 7.0, Intermediate- one day

Excel 7.0, Advanced- one day



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## Desktop Courses:

### Creating, Formatting, and Using Spreadsheets

Course Description	Falls Church, VA	Washington, DC
<u>Excel 7.0, Introduction</u>	1/8, 2/16	2/1, 3/1
<u>Excel 7.0, Intermediate</u>	1/15, 2/17	2/4, 3/2
<u>Excel 7.0, Advanced</u>	---	2/16, 3/29
<u>Excel 97, Introduction</u>	2/2, 3/8	1/6, 2/3, 3/16
<u>Excel 97, Intermediate</u>	1/14, 2/12, 3/9	1/21, 2/11, 3/17
<u>Excel 97, Advanced</u>	1/22, 2/24, 3/29	1/26, 2/19
<u>Excel 97, Power User/Visual Basic Applications</u>	<i>Available upon request</i>	
<u>Quattro Pro for Windows 7.0, Introduction</u>	<i>Available upon request</i>	
<u>Quattro Pro for Windows 7.0, Intermediate</u>	<i>Available upon request</i>	

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703.532.1000 FAX 703.532.1001

[ [info@knowlogy.com](mailto:info@knowlogy.com) ] [ [webmaster@knowlogy.com](mailto:webmaster@knowlogy.com) ]

<b>REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT</b>										
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)			B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)			C. Request Status or Process Code (X one)		D. Amendment No.		
<b>CODE</b>						<input checked="" type="checkbox"/> (1) Initial <input type="checkbox"/> (2) Resubmission <input type="checkbox"/> (3) Correction <input type="checkbox"/> (4) Cancellation				
<b>Section A - TRAINEE / APPLICANT INFORMATION</b>										
1. Name (Last, First, Middle Initial)			2. 1st 5 letters of last name		3. Social Security Number		4. Ed. level		5. Continuous Federal Svc a. Years      b. Months	
6. Home Address (Street, City, State and ZIP Code) (optional)			7. Phone Numbers (Include area code) a. Home b. Office		8. Position Title					
11. Organization Name <b>BUREAU OF MEDICINE AND SURGERY</b>			(1) Commercial (2) Autovon		9. Position Level (X one) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC /or Navy Designator)			
12. Organization Mailing Address (Include ZIP) <b>2300 E STREET NW WASHINGTON, DC 20372-5300</b>			13. Organization UIC <b>00018</b>		<input checked="" type="checkbox"/>		14. Type of Appointment		15. No. prior non-government training days	
			16. Are you handicapped or disabled? (X one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Section B - TRAINING COURSE DATA</b>										
17. Course Title <b>THE DEFENSE MESSAGE SYSTEM (DMS): A COMPREHENSIVE INTRODUCTION</b>										
18. Training Objectives (Benefits to be derived by the Government) <b>THE OBJECTIVE IS TO RECEIVE THE KNOWLEDGE TO SUCCESSFULLY TRANSITION FROM AUTODIN TO DMS COMPONENTS</b>						19. Recommended Training Source, School or Facility a. Name <b>LEARNING TREE INTERNATIONAL</b> b. Mailing address (Include ZIP) <b>1805 LIBRARY STREET RESTON VA 20190-5630</b>				
20. Course Codes						c. Location of training site (If other than 19b) <b>NEW YORK, NY</b>				
a. Purpose <b>1</b>		f. Security Clearance <b>T</b>		k. Training Program		21. Course hours (4 digits)		22. Course Identifiers		
b. Type <b>5</b>		g. Allocation Status <b>1</b>		l. Reason for Selection <b>1</b>		a. Duty <b>0032</b>		a. SAID		
c. Source <b>3</b>		h. Priority <b>1</b>		23. Training Period (YYMMDD)		b. Non-duty <b>0000</b>		b. Catalog / Course No. <b>500</b>		
d. Special Interest <b>0</b>		i. Training Level <b>3</b>		a. Start <b>990817</b>		c. TOTAL <b>0032</b>		c. Offering / TLN <b>C9907 US 500</b>		
e. Training Vendor		j. Method of Training <b>3</b>		b. Complete <b>990820</b>						
<b>Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)</b>										
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box <span style="float: right;">→</span>										
25. Direct Costs				26. Indirect Costs (For information only)		27. Accounting Classification				
a. Tuition cost <b>2014.00</b>				a. Travel cost						
b. Books, material, other costs				b. Per diem/other costs						
c. Total direct costs <b>2014.00</b>				c. Total indirect costs						
d. Funding source				28. Labor Costs		29. Signature of Fiscal Officer (Follow local procedure)				
31. Job Order No.						30. Total of Direct & Indirect Costs <b>\$2,014.00</b>				
<b>Section D - APPROVAL / CONCURRENCE / CERTIFICATION</b>										
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)					33. Training Officer: I certify this training meets regulatory requirements.					
a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)		a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)		
c. Signature & Title			d. Date		c. Signature & Title			d. Date		
34. Authorizing Official					35. Course Acceptance (To be completed by school official)					
a. Action (X one) <span style="float: right;">→</span>		(1) Approved		(2) Disapproved		a. Accepted		c. School Official Signature		
b. Typed Name (Last, First, Middle Initial)		c. Phone number (Include area code)			b. Not Accepted		d. Date			
d. Signature & Title				e. Date		36. Course Completion (To be completed by school official)				
37. Billing Instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to: <b>BUREAU OF MEDICINE AND SURGERY (MED-917) 2300 E STREET NW WASHINGTON DC 20372-5300</b>						a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <span style="float: right;">→</span>		b. Actual Completion Date (YYMMDD)		
						d. Signature & Title		e. Date		
38. Certifying Government Official										
a. I certify that this account is correct and proper for payment in the amount of: <b>\$</b>										
b. Signature						c. Date Signed				
d. DSSN Number				e. Check Number		f. Voucher Number				

<b>REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT</b>																			
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)				C. Request Status or Process Code (X one)				D. Amendment No.							
<b>CODE</b>								<input checked="" type="checkbox"/> (1) Initial		<input type="checkbox"/> (2) Resubmission									
								<input type="checkbox"/> (3) Correction		<input type="checkbox"/> (4) Cancellation									
<b>Section A - TRAINEE / APPLICANT INFORMATION</b>																			
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name				3. Social Security Number				4. Ed. level		5. Continuous Federal Svc a. Years    b. Months					
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code) a. Home b. Office				8. Position Title				10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC for Navy Designator)							
11. Organization Name <b>BUREAU OF MEDICINE AND SURGERY</b>				(1) Commercial    202 762-2222 (2) Auto von				9. Position Level (X one) a. Executive b. Manager											
12. Organization Mailing Address (Include ZIP) 2300 E STREET NW WASHINGTON, DC 20372-5300				13. Organization UIC    00018				<input checked="" type="checkbox"/>				14. Type of Appointment		15. No. prior non-government training days					
				16. Are you handicapped or disabled? (X one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				c. Supervisory d. Non-Supervisory e. Other (Specify)											
<b>Section B - TRAINING COURSE DATA</b>																			
17. Course Title <b>THE DEFENSE MESSAGE SYSTEM (DMS): A COMPREHENSIVE INTRODUCTION</b>																			
18. Training Objectives (Benefits to be derived by the Government) <b>THE OBJECTIVE IS TO RECEIVE THE KNOWLEDGE TO SUCCESSFULLY TRANSITION FROM AUTODIN TO DMS COMPONENTS</b>								19. Recommended Training Source, School or Facility a. Name <b>LEARNING TREE INTERNATIONAL</b> b. Mailing address (Include ZIP) 1805 LIBRARY STREET RESTON VA 20190-5630											
20. Course Codes								c. Location of training site (If other than 19b) <b>NEW YORK, NY</b>											
a. Purpose		1		f. Security Clearance		T		k. Training Program				21. Course hours (4 digits)		22. Course Identifiers					
b. Type		5		g. Allocation Status		1		l. Reason for Selection		1		a. Duty		0032					
c. Source		3		h. Priority		1		23. Training Period (YYMMDD)				a. SAID							
d. Special Interest		0		i. Training Level		3		a. Start		990817		b. Non-duty		0000					
e. Training Vendor				j. Method of Training		3		b. Complete		990820		c. TOTAL		0032					
												b. Catalog / Course No.		500					
												c. Offering / TLN		C9907 US 500					
<b>Section H - EVALUATION</b>																			
<b>Part I (To be completed by trainee)</b>																			
48. Was course completed? (x one)				49. Actual course dates				50. Actual course hours				51. Academic grade/score							
a. Yes				a. Commenced (YYMMDD)				b. Completed (YYMMDD)				a. Duty				b. Non-duty			
b. No (Return this form with a memo explaining circumstances)																			
52. Were all sessions attended? (x one)																			
a. Yes																			
b. No (Explain)																			
<b>AREAS OF EVALUATION</b>												<b>RATING</b>							
X appropriate column to indicate your evaluation of items 53 through 64. Do not attempt to split a rating.												A	B	C					
53. Stated objective accomplished				A = Yes				B = Partially				C = No							
54. Coverage of subject matter				A = Excellent				B = Sufficient				C = Poor							
55. Organization of subject matter				A = Well organized				B = Adequate				C = Poorly organized							
56. Suitability of instructional materials				A = Excellent				B = Adequate				C = Poor							
57. Level of difficulty				A = Too advanced				B = Appropriate				C = Too elementary							
58. Length of course				A = Too long				B = Appropriate				C = Too short							
59. Amount of outside or evening work				A = Too much				B = Appropriate				C = Insufficient							
60. Effectiveness of instructors				A = Excellent				B = Good				C = Poor							
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63. Recommendation to colleagues				A = Highly recommended				B = Recommended				C = Not recommended							
64. Meet career development plans				A = Yes				B = No				C = Not applicable							

**Section H - EVALUATION - Continued****Part II (To be completed by trainee)**

65. Comments on strong points of course

66. Comments on weak points of course

67. What were your objectives in taking this course? Were they met?

68. Do you recommend this program for others? If so, whom?

69. Additional comments

70.a. Signature of trainee

b. Date signed

**Part III (To be completed by trainee's immediate supervisor)**

71. Have you discussed this course and its application to the job with this employee? (X one)

Yes

No

72. Were the objectives of the training achieved?

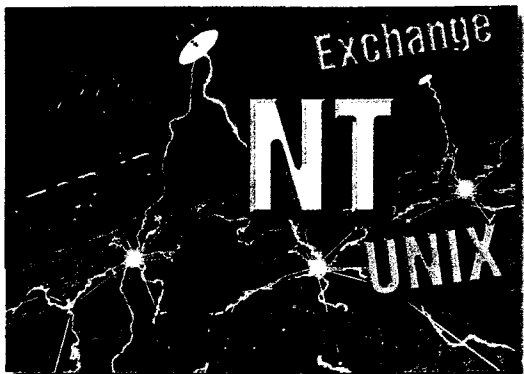
73. Additional comments

74.a. Signature of supervisor

b. Date signed

**PERSONNEL USE ONLY**

# The Defense Message System (DMS): A Comprehensive Introduction



## You Will Learn How To

- Apply DMS concepts and terminologies in your workplace
  - Identify DMS hardware and software components and applications
  - Describe the DMS writer-to-reader electronic messaging system
  - Provide message integrity and privacy with authentication and encryption
  - Transition from AUTODIN to DMS
- Prepare for DMS according to the DMS implementation phases

## Course Benefits

DMS has been mandated by the Department of Defense (DoD) for secure communications worldwide. DMS is replacing AUTODIN with an integrated, common user X.400 and X.500 directory services system. The successful transition to DMS requires knowledge of its essential components and how they interact.

In this course, you gain extensive knowledge of Defense Message System terminology, methodology, components and implementation strategies. You also learn how electronic messages are prepared, transmitted and received within the DMS infrastructure.

## Who Should Attend

This course is valuable for anyone responsible for planning the transition to DMS, including managers, integrators and operators in the armed forces and their components, allied government and civilian agencies and contractors.

C9907 US 500

### 4-Day Courses: Tuesday-Friday

Washington, D.C.	July 13-16	New York	Oct 12-15
Washington, D.C.	Aug 17-20	Washington, D.C.	Oct 26-29
New York	Aug 24-27	Washington, D.C.	Nov 30-Dec 3
Washington, D.C.	Sept 21-24	New York	Dec 7-10
Boston	Oct 5-8		

All Learning Tree courses can be presented on-site at your facility. Please call and ask about our "On-Site Courses."

## Course 500: Content

### INTRODUCTION TO THE DEFENSE MESSAGE SYSTEM (DMS)

- Rationale for DMS
- The DMS management structure
- Differentiating between organizational and individual messaging
- Retaining the best of AUTODIN
- The JCS mandate
- The Multicommand Required Operational Capability (MROC)
- Concept of Operations (CONOP)
- The 12 validated requirements

### DMS MESSAGE FUNDAMENTALS

- Organizational messaging cycle
- Preparation and release process
- Message delivery phase
- Receipt, notification and distribution of organizational messages
- DMS architecture
- User and network interfaces
- Security domains
- Component networks used by DMS

### X.400/X.500 IMPLEMENTATION IN DMS

- Protocols and/or transport services
- Organizational messaging with X.400
- Benefiting from directory management with X.500
- Utilizing X.500 for global addressing
- DMS extensions and specialty products
- P22 IP message and extended P772 military message
- P42 security headers
- DMS Mail List Agent (MLA)

### DMS INFRASTRUCTURE

- Components of DMS
- UA ■ PUA ■ DSA ■ MFI
- HAG ■ CAW ■ MLA ■ MWS
- The Message Transfer System (MTS)
- MTA ■ SMTA ■ PGWS ■ BMTA
- DMS-provided services
- Messaging ■ Directory ■ Security
- Management ■ Remote access

### DMS SECURITY

- Real-world threats that impact message security
- Interception ■ Masquerading
- Interruption and repudiation
- Eavesdropping ■ Spoofing
- Countermeasures using the DMS security model
- Confidentiality ■ Integrity
- Authenticity ■ Encryption
- Non-repudiation ■ Availability
- Implementing the DMS security model
- Defining the public key infrastructure
- X.509 certificates
- NSA Multilevel Information System Security Initiative (MISSI)
- FORTEZZA Services with CAPSTONE and SKIPJACK
- Private and public key encryption
- Digital signatures

### MIGRATING TO DMS

- AUTODIN to DMS transitional strategies
- Total DMS migration to the desktop
- Flexible DMS implementation plan
- Enabling AUTODIN and DMS coexistence
- Providing gateways with transition hub
- Translating message formats
- Analyzing and preparing sites
- Categories of messaging architecture
- Classified vs. UNCLAS LANs
- Maintaining security zone separation

### DMS IMPLEMENTATION PHASES

- DMS 1.1
- Initial organizational messaging
- Shifting from AUTODIN dependency
- DMS 2.0
- Updating operating systems
- Refreshing COTS technology
- Y2K compliance
- DMS 2.1
- Profiling User Agent (Domain FORTEZZA)
- High Assurance Guard (HAG)
- TOP SECRET support
- Operating System Security Phase II
- DMS 2.2
- MFI performance enhance
- ACP 120 prototyping support
- Operating System Security Phase III
- DMS 3.0
- X.509 Version 3 certificates
- TS/SCI support
- CAW 4.2



During this course, examples of user agent functionality are demonstrated, including:

- Querying X.500 directory databases
- Navigating through User Agent features
- Creating a DMS message

## Course Workshop

Throughout the course, extensive in-class workshops provide you with practical experience preparing for the transition to DMS, including:

- Evaluating the pros and cons of combining e-mail and AUTODIN messaging services
- Completing a site preparation checklist
- Developing a transitional flowchart
- Creating an action plan to support your messaging requirements



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